MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 585744

FILING DATE

CLAIMS

		1	AF	TER	AF	TER
	AS F	ILED		,	2 nd AME	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	July 1			2, 40.	<i>DC</i> .
,						
		H				
		1				
5		3				
┪		क्र				
}		75				
5		1715				
\Box		17/5				
5		75				
ÍΤ		(1)				
2		as I				
3	···	77				
4		ST				
\Box	W	(Z)				
5-1	*	(4)				
7		75	<u> </u>	<u> </u>	·	
1		745				
3		α				,
ħΙ		\overline{C}				
0 1 2 3		(1)				
2		7				
3	•	(1)				
41		(D)				
5 1		0				
<u>6</u>		D .				
7 I		\Box				
8 9 0 1						
9		$\langle \mathcal{D} \rangle$	-			
0 1						
\prod		\bigcirc				
2 3						
3	-	(\mathcal{O})				
4 I		\bigcirc				
5 6		\mathbb{Q}				
<u>6</u>		0				
Д						
8						
ğ 0						ļ
Υļ		\vdash		 		
<u> </u>						
5 				 		
╗╢		ļ		 		
土		 				
2 3 4 5		 				ļ. <u></u>
9						
┧		 		1	······································	
3		\vdash				
3 		 				
				•		
IND.						
		1				
DEP.	<u> </u>					
L						